



City of Fredericksburg SPECIAL EVENT APPLICATION

OFFICE USE ONLY	Application/ Permit Number _____	Date application received _____ Date referred to Events Review Committee _____
	Insurance? <input type="checkbox"/> Received	Approved: <input type="checkbox"/> City Manager _____ <input type="checkbox"/> Administrative _____ (Initial) Denied: <input type="checkbox"/> City Manager _____ <input type="checkbox"/> Administrative _____ (Initial)

The information requested in this application form will be used to determine eligibility for approval for the event requested. Completed forms may be released upon the request of any citizen, as provided by the Freedom of Information Act. Please note there may be other applications and forms you will need to complete for your event but completion of this application is mandatory for ALL events. Any misrepresentation in this application or deviation from the final permit conditions may result in immediate revocation of the permit, the halting of the event, and possible loss of privilege to host events in the future. Please refer to the Special Events Guidebook for timelines, explanation of procedures and referrals to other resources.

Please answer **all** questions, indicating N/A if the question does not apply to your event:

APPLICANT & ORGANIZATION INFORMATION

Event Title _____ Proposed date _____

Applicant's Name: _____ Are you 18 years of age or older? ☐ Yes ☐ No

Are you representing yourself? ☐ Yes ☐ No Are you representing a for profit business? ☐ Yes ☐ No

Are you representing an organization? ☐ Yes ☐ No If yes, is it a non-profit organization with 501(c)(3) status? ☐ Yes ☐ No

(Attach a copy of the 501(c)(3) certificate or note the identification number) _____

Business or Organization's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Day Phone: _____

Evening Phone: _____ Fax: _____ Cell: _____ E-mail: _____

ABOUT THE EVENT

Please check all that apply: This event is a....

☐ Parade/Run/Walk/Bike or Auto Procession ☐ Block Party ☐ Festival ☐ Private Party
☐ Carnival ☐ Sporting Event ☐ Concert ☐ Other. Please explain: _____
The event is... ☐ Open to the General Public ☐ Private (by invitation only)
The event will be hosted on... ☐ Public Property/Right of Way ☐ Commercial ☐ Residential ☐ Private Property

Description of the event: _____

(If a street closure is requested, please note the closure request and cite the requested closure times.)

Location (s): _____

(Please attach a detailed and legible Site Map. Include location of structures, barricades, generators, restroom facilities, etcetera.)

Event Date(s): _____ Setup Time: _____ Start Time: _____ End Time: _____ Breakdown Time: _____

Please note the range of TOTAL anticipated attendees (including spectators and participants):

☐ 0 – 150 ☐ 150- 500 ☐ 500 - 1000 ☐ 1000 – 4,999 ☐ 5,000 +

LOGISTICS

Please indicate the various event activities and equipment. Check all that apply:

☐ Alcohol ☐ Bleachers ☐ Petting Zoo ☐ Staging ☐ Barricades
☐ Generator(s) ☐ Tent(s) ☐ Banners/Signs ☐ Food ☐ Live Music
☐ Shuttles/ Satellite Parking ☐ Catering ☐ Vendors (non-food/beverage) ☐ PA System
☐ Mechanical Rides/Devices ☐ Moon bounce/inflatable amusements Other: _____

PARADE, RUN, WALK, OR AUTO PROCESSION

Assemble area/ time: _____

Disassembly (finish) area: _____ Time: _____

Describe route (attach a map of the entire route and highlight streets): _____

Number of marching units: _____ Number of non-marching units: _____ Number of floats: _____
Types/Numbers of vehicles: Cars: _____ Motorcycles: _____ Pickup Trucks: _____ Semi Trucks: _____ Other: _____
Types/Number of Animals: _____ Horses: _____ Dogs: _____ Other: _____
Will you have a reviewing stand? ☐ Yes ☐ No Where will it be placed? _____

FOOD, NON-FOOD, AND OTHER VENDOR INFORMATION

A vendor is anyone who is serving, selling or sampling food, beverages or merchandise. Please note that separate vendor information may be required by the Commissioner of the Revenue and the Health Department.

FOOD (Check all that apply):

Food will be... ☐ Served ☐ Sold ☐ Catered ☐ Prepared in a Kitchen: _____
☐ Prepared Outdoors ☐ Delivered from another location

Time food vendor(s) set up ready for inspections: _____

NON-FOOD:

Please indicate the number and types of vendors you will have at the event: _____

ALCOHOL:

To serve alcohol at a public event, you will need a permit from Virginia ABC. Alcohol information must be completed regardless of whether the event is public or private. See www.abc.state.va.us/ for details and specific regulations for your event.

Type (please check all that apply): ☐ Draft Beer ☐ Bottled/Canned Beer ☐ Wine ☐ Liquor
Alcohol Will Be: ☐ Sold ☐ Served

Is a vendor providing the alcohol? ☐ No ☐ Yes. Name of Vendor: _____

Times during the event that alcohol will be served/sold: _____

SECURITY

Security and/or precautions are required when alcohol is being served or sold, materials or equipment are left overnight, and/or live entertainment is provided. You will be required to submit a detailed security plan.

Describe the type of equipment to be left overnight: _____

STRUCTURES, TENTS, BLEACHERS AND STAGES

Please note any structure, tent, bleacher or stage must be inspected prior to the event and additional forms and permit requests will be required.

TENTS: Please give an overview of your tent plan. List type (by Code), number, and size(s) of tents to be erected.

Tent Codes: **C**- Cooking underneath **GA**- General Assembly (requires floor plan showing exits **S**- Sales of food, products, etc.

Tent Code: _____	Number of Tents: _____	Sizes (square footage): _____	Walls (circle one) Y N	Lights Y N	Heaters Y N
_____	_____	_____	_____	_____	_____
_____	_____	_____	Walls (circle one) Y N	Lights Y N	Heaters Y N

BLEACHERS:

Size: _____ Supplier: _____ Phone Number: _____
Location: _____

STAGE:

Size: _____ Supplier: _____ Phone Number: _____
Location: _____

Please list the number of and types of mechanical rides or other amusement devices such as a moon bounce will be used:

Amusement Company's Name: _____ Address: _____
Company's Representative: _____ Phone: _____

RESTROOMS, RECYCLING AND WASTE DISPOSAL

Please note you will be required to submit a detailed Trash and Recycling plan.

Please indicate the number of trash receptacles needed: _____ How will recyclables be managed _____

Will you be using portable restrooms? ☐ Yes ☐ No Wash station? ☐ Yes ☐ No

If yes, please provide the name of the company that will be providing the facilities and phone number:

_____ Phone: _____

Delivery date and time of restrooms: _____ Pick- up date and time: _____

Please list the number and locations of portable restrooms, including ADA accessible (and indicate this information on your site map)

Number	Location
_____	_____
_____	_____

MEDICAL AND EMERGENCY PLAN

Describe your medical and emergency plans. Attach information if necessary.

If Emergency Medical Support or Fire Resources are required and the organizer is listing a resource to provide this care, documentation to support this resource must be included for approval. This documentation should be on the provider's resource letterhead and include at a minimum the following:

- a. On letterhead from organization or company supplying EMS or Fire
- b. How many transport units or fire units
- c. Level of care (ALS or BLS)
- d. Bikes or mobile units (bikes, gators, on foot)
 - i. How many and level of care
- e. Dates that they will provide service
- f. Times that they will provide service (arrival and departure times)

BANNERS AND SIGNS

Please provide an overview of your banner and sign plan. List number, location and type as indicated:

Location of Banner/Signs Codes: **ES** – within event site **CL**- City banner sites (with approval)
 Type of Banners/ Signs Codes: **DI** – directional/ informational **SP**- Sponsor Recognition **OT**- Other

Number of Banner/Signs	Location Code	Type Code	Comment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PARKING & TRANSPORTATION

Please note that special parking permits and signage may be required.

How will people get to/from event?

- ☐ Personal Vehicles
- ☐ Shuttle/Satellite Parking
- ☐ Other. Explain: _____

Where will the event attendees/ participants park?

- ☐ On-Street/Public Parking ☐ School Grounds
- ☐ Reserved Parking ☐ Church Grounds
- ☐ Satellite Parking Location: _____
- ☐ Other. Explain: _____

Will you require special parking? (RVs, trailer, support vehicles)

Number of Spaces	Location	Purpose
_____	_____	_____
_____	_____	_____

AMERICANS WITH DISABILITIES ACT

Public events must comply with ADA requirements. Please indicate which of the following you will have at your event.

- ☐ Ramps ☐ Sign language interpreters ☐ Hearing-impaired listening devices
- ☐ Designated wheelchair viewing areas ☐ Accessible restrooms ☐ Accessible shuttles

OTHER PERMITS

In addition to a Special Event Permit, other City, State, and private agencies may require a permit relative to your event. Please indicate if you have applied or will be applying for a permit to the appropriate department or agency. Please use the following codes:

HA – Have Applied **WA**- Will Apply **DNA**- Does Not Apply to this Event

Code	Permit-Department/ Agency
_____	Noise Permit—City Manager's Office
_____	Notice of proposed temporary street closure—City Manager's Office
_____	Public notice of special event—City Manager's Office

_____ Certificate of Insurance
 _____ Food Concessions/Food Sampling—Health Department, Fire Department
 _____ Fireworks, pyrotechnics—Fire Department
 _____ Emergency Plan—Fire Department
 _____ Generator use—Building and Development Services
 _____ Trash Plan—Department of Public Works
 _____ Traffic control plan—Department of Public Works
 _____ Parade, run, walk or auto procession—Police Department
 _____ Business License, Admission Tax, Vendor Licensing—Commissioner of the Revenue
 _____ Sales Tax—State Department of Taxation
 _____ Alcoholic Beverages—ABC Board
 _____ Inspections of tents, bleachers, amusement devices, etc.--Fire and Building and Development Services
 _____ Request for Street Closure—City Manager's Office
 _____ Request for Parking Lot Closure—Department of Public Works
 _____ Use of a City Park—Department of Parks and Recreation
 _____ Petting zoo/animal display—Police department
 _____ Temporary Activity Permit—Planning Department
 _____ Public Works Materials Usage Agreement—Department of Public Works

ON-SITE COMMUNICATIONS (DURING EVENT)

Cell Phone #1: _____ Name _____

Cell Phone #2 (Alternate): _____ Name _____

HOLD HARMLESS CLAUSE

Permittee (applicant/organization) shall assume all risks incident to or in connection with the permitted activity and shall be solely responsible for damage or injury, of whatever kind or nature, to person or property, directly or indirectly arising out of or in connection with the permitted activity or the conduct of permittee's operation. Permittee hereby expressly agrees to defend and save the City, its officers, agents, employees, and representatives harmless from any penalties for violation of any law, ordinance, or regulation affecting its activity and from any and all claims, suits, losses, damages or injuries directly or indirectly arising out of or in connection with the permitted activities or conduct of its operation or resulting from the negligence or intentional acts of omissions of permittee or its officers, agents, and employees.

Applicant's Name (Printed Neatly)

Applicant's Signature

Date

Applicant's daytime phone

Applicant's e-mail address

Please return this form to:

Fredericksburg Economic Development and Tourism
 706 Caroline St.
 Fredericksburg VA 22401
 Attn: Karen Hedelt

Phone: 540-372-1216

FAX: 540-372-6587

E-mail: khedelt@fredericksburgva.gov